

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

**PRINCIPAL
SCHOOL MEDICAL OFFICER**

FOR THE YEAR

1953

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE


ANNUAL REPORT

OF THE

***PRINCIPAL
SCHOOL MEDICAL OFFICER***

FOR THE YEAR

1953



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29919617>

SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

March, 1954.

TO THE MEMBERS OF THE
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have pleasure in presenting the forty-sixth Annual Report of the Principal School Medical Officer.

In August the Ministry of Education issued the revised School Health Service and Handicapped Pupils Regulations, 1953. While, under the former Regulations, three general medical inspections were prescribed at specified periods, a minimum of three inspections is still necessary but it is left to the Authority's discretion when to arrange them. Further, the new Regulations empower the Minister to approve of schemes of an experimental nature. The Authority might apply for permission to discontinue the three routine inspections under which all the children of a particular age group are seen at infrequent intervals and in their place to arrange for the school doctors to visit the schools regularly (the Circular mentions at least two or three times a term) to see such children as are presented by parents, teachers or school nurses. In deciding whether or not to approve proposals of this kind, the Minister would be guided by the extent to which they appear likely to make "a positive contribution to the efficiency of the preventive work of the School Health Service". In some quarters, doubt has been expressed about the value of routine medical inspections and the view has been put forward that the time of the school doctors would be better spent in examining only children selected by the school nurses and others. The new Regulation has been included, no doubt, to enable Authorities which are impressed by these views to carry out experiments.

The question of advising the Authority whether to retain the routine inspections which form the structure on which the School Health Service has been built or to branch out into new experimental schemes will be kept under review. One practical consideration is that in County areas, it would be extremely difficult to arrange for schools to be visited two or three times a term and much time would

be spent on travelling from school to school. Moreover, one must be careful not to give up a scheme that has proved valuable in practice merely because it might be termed old-fashioned.

Certainly, parents to an increasing extent appreciate the opportunity of consulting the school doctors at the routine school inspections about all kinds of problems relating to the health and welfare of their children. The Committee might be interested in an unsolicited testimonial to the work of the School Health Department which was received from a consultant paediatrician in the County. A boy, Ronald, was found at routine inspection to have congenital heart disease, the existence of which had been previously unsuspected. The case was referred to the Consultant Paediatrician, who sent the boy to a London hospital where, after investigation by a heart specialist, he was seen by a well-known surgeon, who performed a "blue baby" operation. The results of the operation were remarkably successful. In the words of the Paediatrician, "his subsequent progress has been almost unbelievable . . ., his activities since the operation have gradually increased and he is now leading a pretty normal life. One afternoon last summer, for instance, he bicycled thirty miles with some school friends, and the summer holidays were spent driving a tractor and helping with the harvest. . . . The credit for this miracle of modern surgery must obviously go to Dr. ——— (the heart specialist) and Mr. ——— (the surgeon), but I think it was your Department that originally set the wheels in motion". Obviously, cases of congenital heart disease are not found every day at routine medical inspection but there are many other cases in which 'the wheels are set in motion' and the health of the child thereby improved. The value of routine medical inspection lies, of course, not only in the detection of children with early signs of disease for whom appropriate treatment is secured but also in the advice given by the doctors themselves on the day to day problems presented by parents, teachers and health visitors.

The school doctor, it should be remembered, does more than examine children when he visits a school; he represents a service whose object is to promote the health and well-being of the school child. The experienced School Medical Officer is consulted by teachers on aspects of school life other than those relating to the health of individual children and he is concerned in the hygiene of the school premises.

In my report last year, favourable comment was made on the wonderful new schools that are being erected. More new schools have since been completed and one never ceases to be impressed by the flood of light admitted to every classroom and the attractive and bright decorations that are so strikingly characteristic of the new schools. Certainly, the contrast between the new schools and the old grows sharper and more poignant year by year. It seems to be nobody's fault, but the County Authority has recently become responsible for a number of schools some of which have been neglected for years. There are more than a few schools to which, if one applied current housing standards, one would use the term, 'uninhabitable,' and it will be remembered that parents are, by law, compelled to send their children to such schools. The Select Committee on Estimates in their report on Schools last year stated :

“ . . . the condition into which many of the older schools in the country have fallen is the worst feature of all educational buildings. Some of them are no better than slums and should either be pulled down immediately or undergo drastic repair, even at considerable cost ; but in present circumstances their use is obligatory unless some children are to be deprived of the education to which they are entitled. In England and Wales it will not be possible, on the present basis of calculation, to undertake the repair of old schools, on the scale which is needed, for at least another five or six years ”.

The Select Committee recommended that the Ministry of Education should undertake a national survey of the older schools in the country. While in certain parts of the County, new schools each costing on an average about £100,000 are being constructed, it would seem reasonable to express the hope that the old schools might be reconditioned as soon as possible. Recently, I have seen two old schools which have been renovated ; the County Architect has shown that he can make a very effective job of putting new life into an old school.

In allocating the funds at their disposal for repairs and improvements to existing schools, the Authority has given high priority to the conversion of pail closets to water closets in schools where the necessary services have been provided.

The opening of the new Health Clinic at Oxford Street, Wellingborough, includes a modern dental suite and suitable accommodation for the refraction, speech therapy, child guidance and minor ailment clinics.

The year was also marked by the opening of two special schools for educationally sub-normal pupils—Loddington Hall, a boarding school with sixty places, and Elsdon Road Day School, Wellingborough with forty places. These schools provide much needed accommodation and both have made an impressive start.

The needs of children suffering from cerebral palsy will, to some extent, be met by the organization of the special unit in the John Greenwood Shipman Convalescent Home by the Northampton Hospital Management Committee. It is a considerable relief to be able to send suitable cases of this disabling disease to a Home where they will receive skilled physical re-education as well as ordinary class teaching.

In conclusion, I should like to express to the Chairman and members of the Committee my appreciation of the practical interest they have taken in the work of the School Health Service. The Department has also enjoyed the co-operation of the Chief Education Officer and of the County Architect. The head teachers and teachers in the County have all been most willing to assist the doctors and health visitors in their work although at times the school routine is bound to suffer when medical inspections are held.

Finally, to the staff of my Department, I am greatly indebted for the energy and enthusiasm they have displayed in their efforts to promote the health and well-being of the school child in this County.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,
Principal School Medical Officer.

STAFF

Principal School Medical Officer—

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

Deputy Principal School Medical Officer—

M. J. Pleydell, M.C., M.D., D.P.H.

School Medical Officers—

J. T. Murphy, M.B., Ch.B., B.A.O., D.P.H.

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., D.P.H.

H. A. H. Summers, M.B., B.Ch., B.A.O., D.P.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Nora V. Crowley, M.B., Ch.B., B.A.O., D.C.H.

Jean F. Croll, M.B., Ch.B. (from 21st January).

Principal School Dental Officer—

I. J. Faulds, L.D.S.

School Dental Officers—

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

J. P. Finnan, L.D.S.

Mrs. F. M. Jones, L.D.S. (part time).

Consultant Dental Anaesthetist (part time)—

M. G. L. Lucas, M.B., Ch.B., D.A. (from 16th December).

Consulting Psychiatrist—

R. Thompson, M.B., B.Ch., B.A.O.(Hnrs.), D.P.M.

Educational Psychologist—

Miss D. V. Scott, M.A.

Psychiatric Social Worker—

Miss E. E. Bitchenor, B.A.

Speech Therapist—

Miss D. Dentith, L.C.S.T.

School Nurses—

Assistant Superintendent Nursing Officer and Health Visitors,
equivalent of 11.54 full-time nurses.

Dental Attendants—

Five whole-time attendants are employed.

No. of schools in the Authority's area at 31st December, 1953 :

Primary	256
Secondary Technical	4
Secondary Grammar	8
Secondary Modern	22
Nursery schools	2
Special schools.....	4
	<hr/>
Total	296
	<hr/>

Average number of pupils on the registers during the year : **37,811.**

ROUTINE SCHOOL MEDICAL INSPECTIONS

The arrangements which have been in operation for some years were continued. School Medical Officers visited schools to examine (a) pupils on entry ; (b) at ten years ; (c) in the last year at school ; (d) in addition, at the grammar schools, pupils were examined at thirteen years of age. In spite of the fact that an additional School Medical Officer took up duty in January and devoted one-third of her time to school work, it was not possible to arrange for all schools to be visited during the year. In terms of whole-time staff, the equivalent of 3.07 medical officers were employed on school health service duties as compared with 2.82 in the previous year. In the routine age groups, 8,113 children were examined which was less than the number last year, namely, 8,557. Re-examinations and special examinations totalled 4,419 compared with 4,649 in the previous year. The reason why all the schools could not be visited during the year and less routine inspections were carried out is that, as reported later, more time than last year had to be allocated to the examination of educationally subnormal children.

CO-OPERATION WITH HOSPITALS

I am glad to report that excellent co-operation continues to exist between the School Health Department, the hospital consultants and the family doctors. The arrangements which were agreed a few years ago between the British Medical Association and the Society of Medical Officers of Health for referring cases to hospital for a specialist's opinion have again worked well in practice. The reports of the consultants are found most valuable to the School Medical Officers in recommending the appropriate form of special educational treatment required in each case.

The recommendation of the Ministry of Health, contained in a circular dated 7th March, 1950, was that copies of all the reports on children treated in hospital should be sent to the Principal School Medical Officer. It has not been found possible to implement this recommendation either at the Northampton or Kettering Hospitals. There is no doubt that the value of the routine school medical inspections would be much enhanced if, when the school doctor was examining a child who has had recent hospital treatment, a brief report was available on the diagnosis and treatment afforded in the hospital. In practice, the school doctors often, in these circumstances, ask the Principal School Medical Officer to obtain a

report from the hospital and no difficulty is usually experienced in securing these reports ; they are, however, not so valuable as they would be if available at the time the child is examined in school. Perhaps some day the difficulty of sending reports on school children from hospitals to the School Health Department as a routine measure will be overcome. Although, as stated above, routine reports are not submitted, I must acknowledge my indebtedness to all the Consultants who co-operate by sending full and interesting reports on the cases referred to them. Similarly, when information is desired from a general medical practitioner about a case, the same degree of co-operation is always displayed.

FINDINGS AT MEDICAL INSPECTION

The number of the various defects which were found at medical inspection not requiring treatment but only observation are listed in Table II in the Appendix. The common defects in order of frequency were—conditions of the nose and throat (tonsils and adenoids) ; defective vision ; glands of the neck ; orthopædic abnormalities. One of the main objects of the School Health Service is to note these defects with a view to remedial action being taken when necessary. Of all the pupils examined at routine inspections, 844, or just over 10%, were found to be suffering from defects, excluding squint, which required treatment.

EDUCATIONALLY SUBNORMAL AND INEDUCABLE CHILDREN

A total of 228 children were specially examined to ascertain whether they were educationally subnormal or ineducable. This examination is obviously a most important one because a child's future career may depend on the result which will decide whether admission to a special school for educationally subnormal pupils is indicated or whether the child is ineducable and should be reported to the Local Health Authority for action under the Mental Deficiency Acts. The results of the examination are recorded on a long form which contains six pages. In practice, the examining doctor is allowed a full morning or afternoon session to examine one case so that there will be ample time to carry out a full and careful assessment. As the parents have the right to appeal to the Ministry of Education, if the Local Education Authority decide on the report of the School Medical Officer to refer the case to the Local Health

Authority as ineducable, and as, on appeal, all the records have to be submitted to the Ministry of Education, the examination must be conducted and the records completed with the possibility of an appeal in mind. About one hundred more children than last year were examined to find out if they were educationally subnormal or ineducable. Before the case is referred for special examination, the head teacher is asked to submit a preliminary report on the child's progress at school and this report is examined by the Principal School Medical Officer. Increased time devoted by the medical staff to examinations of educationally subnormal pupils accounts for the smaller number of routine school medical inspections.

The results of the examinations were :

Recommended for admission to a special school	107
Recommended for report to the Local Health Authority as incapable of benefiting by education at school (Education Act, 1944, Section 57(3))	17
Recommended for report to the Local Health Authority on the grounds that it is inexpedient that the child should be educated in association with other children (Education Act, 1944, Section 57(4))	1
Recommended for report to the Local Health Authority for supervision after leaving school (Education Act, 1944, Section 57(5))	8
Recommended special help in an ordinary class	28
Found not to be educationally subnormal	57
Cases to be reviewed at a later date	10

Although Loddington Hall Boarding Special School (accommodation 60 pupils) was opened in January, and Elsdon Road Day Special School, Wellingborough (accommodation 40 pupils) was opened in September, the waiting list at the end of the year was still 163.

OTHER HANDICAPPED PUPILS

Blind. No new cases of blindness were reported. The Authority has eight pupils in residential schools for the blind.

Partially Sighted. Two new cases were reported—one a case of nystagmus and a congenital coloboma of iris and choroid of right eye, and the other a case of retinitis pigmentosa. Two pupils

were placed in schools for partially sighted pupils and the Authority now has four pupils in this type of school.

Deaf. One new case was ascertained. Two pupils were admitted to schools for the deaf. The Authority has ten deaf pupils in special schools. Three pupils ascertained as deaf prior to 1953 are still on the waiting list. Four pupils, of whom two were under school age, attended Mrs. A. W. G. Ewing's clinic for young deaf children at Leicester.

Partially Deaf. Only one new case was found and he has not yet been admitted to a special school. There are four partially deaf pupils in special schools.

The Principal School Medical Officer, with the approval of the Committee and with the kind permission of Professor A. W. G. Ewing, spent two days at the Institute of the Education of the Deaf in Manchester University. A summary of a report which was submitted to the Medical Inspection and Treatment Committee is :

- (i) Children can be taught lip reading at a very early age, hence the need for ascertainment as soon as possible so that the child and the parents can receive expert instruction.
- (ii) The most effective method of testing the hearing of children is by means of the Pure Tone Sweep Test which should be applied individually to all six year old children in school.
- (iii) Many children with a slight hearing loss who at present remain undetected may be thought to be unintelligent, dull, lazy or just careless and inattentive. Such children, when the condition is diagnosed and the hearing improved by the use of a hearing aid, will often show considerable improvement in their educational progress.

Delicate. Eighteen new cases were reported and thirteen were placed in special schools. At the end of the year, 45 pupils were in special schools—29 in Kingsley Day Special School and the remainder in boarding schools, chiefly in St. Catherine's Home, Ventnor, and St. Patrick's Open-air School for Girls, Hayling Island.

Physically Handicapped. Eleven new cases were reported, the main causes being epilepsy, heart disease and paralysis due to poliomyelitis. Ten pupils were admitted to special schools. The Authority has 38 physically handicapped pupils in special schools.

Maladjusted. Six cases were formally reported as maladjusted and eight pupils were admitted to hostels. At the end of the year, there were thirteen pupils in hostels.

Epileptic. One new case was diagnosed and two pupils were placed in special schools, making a total of six in such schools.

Speech Defects. This category of handicapped pupils is described in the report of the Speech Therapist on page 23.

DEFECTIVE VISION AND ORTHOPTIC TREATMENT

There was a small decrease in the number of pupils examined at the Refraction Clinics, namely 2,304 as compared with 2,374 last year. Pupils are examined reasonably soon after being recommended.

<i>School Eye Clinics</i>	<i>Number of Sessions</i>	<i>Number on waiting list at 31/12/53</i>
Corby, Rockingham Road	27	3
Daventry, County Modern School	9	2
Kettering, Stockburn Memorial Home ...	44	168
Northampton, Guildhall Road	29	30
Oundle, County Modern School	5	22
Rushden, Memorial Hospital.....	17	17
Thrapston, Baptist Church Rooms	9	19
Towcester, Grammar School	5	7
Wellingborough, Rock Street Clinic.....	27	10
Woodford Halse, County Modern School...	1	—

In addition to the above, 59 children from the south-west part of the County were seen by Dr. R. S. McLatchy at his Banbury and Brackley Eye Clinics.

EAR, NOSE AND THROAT CLINICS

The arrangements for referring cases and for follow-up of children who have been operated on were continued. According to information received from the specialists, 606 children had surgical treatment for removal of tonsils and adenoids.

ORTHOPÆDIC CLINICS

The Secretary of the Manfield Orthopædic Hospital, to whom I am indebted, has informed me that 136 children were treated in hospital and 1,185 children were seen at the clinics conducted throughout the County by the Hospital Committee.

MINOR AILMENT CLINICS

Clinics were held at :

Corby, Rockingham Road (once weekly from 1st July).

Kettering, Stockburn Memorial Home (daily).

Kettering, Kingsley Special School (daily).

Wellingborough, Oxford Street Clinic (once weekly).

The number of children attending was 1,960 compared with 2,138 in the previous year. The health visitors attend the clinics for a short time in the morning before they proceed to their other work. The conditions which are treated include a wide variety of minor conditions such as minor injuries and abrasions, simple skin conditions, styes and so on.

NUTRITION

The assessment of the nutrition of all children examined in the routine age groups was :

Good nutrition	...	...	44.57%
Fair nutrition	...	...	54% 53.47%
Poor nutrition	...	...	2.03%

The corresponding figures last year were 34.6%, 63.7% and 1.7%. As the assessment is a subjective one, there is bound to be variation from year to year and from doctor to doctor especially between the numbers classified as "good" and "fair". The fact that the number assessed as "poor" nutrition has declined is in accordance with the accepted fact that school children show a steady improvement in general condition.

VERMINOUS CONDITIONS

The health visitors inspect all children in the schools in their areas at the beginning of every term and in this way, 89,134 examinations were made. Children who are found dirty are followed-up at subsequent monthly visits, when a total of 31,839 follow-up examinations were carried out. The percentages of pupils found unclean at the beginning of each term were : Spring Term, 1.9 ; Summer Term, 1.7 ; and Autumn Term, 1.9.

INFECTIOUS DISEASES

In accordance with the arrangements described in last year's report, head teachers informed the Principal School Medical Officer when there was an undue incidence of infectious disease. Most of the reports related to measles in the early part of the year when there was also a higher incidence of scarlet fever than normal in Kettering. In the Autumn Term, 22 cases of scarlet fever occurred among pupils attending Towcester Grammar School. The cases were dispersed among some of the villages from which the pupils are drawn and it was a reasonable inference that the infection was being transmitted from one pupil to another at school. Mr. P. G. F. Clarke, who has been headmaster at this school for thirty years, informed the Principal School Medical Officer that the incidence was the highest he had ever experienced in a single term. The mid-term holiday was extended and on re-assembly, Dr. A. Lucas, the District Medical Officer of Health, and the Principal School Medical Officer examined all staff and pupils and excluded for a week two teachers and eighteen pupils who were found to have slightly inflamed throats.

When an undue incidence of infectious disease is reported from a school, written instructions on preventive measures are sent to the head teacher and visits are paid either by a school medical officer or a health visitor as is deemed necessary.

German Measles. On account of the fact that a mother who contracts german measles in the first three months of pregnancy is very likely to give birth to a child with congenital defects, a circular was sent to the health visitors and to the midwives advising that when german measles occurred in a class, children who were

exposed to the risk of infection and who came from a home in which the mother was pregnant, should be temporarily excluded.

Infective Hepatitis. Three cases occurred in the Holyrood Hostel for maladjusted boys. The Hostel was placed in quarantine and special measures were taken which are the subject of a report prepared by the Deputy School Medical Officer for publication in the medical press.

Ringworm. Close co-operation has been maintained with the Consultant Dermatologist, Dr. R. B. Coles, and seventeen cases of ringworm of the scalp and nine of the body were reported. As seven cases were reported in Finedon, the schools were again surveyed by the Principal School Medical Officer and his Deputy. A total of some 600 pupils were examined with the Woods Filter but no positive cases were discovered.

Poliomyelitis. Among school children, there were 36 cases in which the diagnosis was confirmed. Of this number, 15 suffered from paralysis. There was one death—a boy of six years, from Bradden.

Tuberculosis. Seventeen cases of pulmonary tuberculosis and five cases of non-pulmonary disease (hip—one ; glands—four) were notified. The following epidemiological enquiries were made :

SCHOOL “ A ”. After a girl aged 14 years was notified as a case of pulmonary tuberculosis, the family contacts were examined with negative results. The source of infection was then searched for in the school where the age range is 7-15 years. 179 children between the ages of 10 and 15 years, together with 20 teaching and canteen staff were examined at a special visit made to the school by the No. 1 (Northants) Mass Radiography Unit on 10th March, 1953. No case of active pulmonary tuberculosis was found.

SCHOOL “ B ”. At this school, where the age range is between 5 and 11 years, the milk supplier was found to be suffering from pulmonary tuberculosis. Arrangements were, therefore, made for the children attending the school to be tuberculin tested on 8th May, 1953. The jelly patch test was used. Of the 53 children who were tested, 46 (86.8%) were found to be negative and 7 children

(13.2%) were found to be positive. The children who gave a positive reaction were X-rayed by the Chest Physician. All were negative for tuberculosis, but one girl already a contact of a case of pulmonary tuberculosis continued to be kept under observation.

SCHOOL " C ". A girl of 10 years was found to be suffering from an infectious form of pulmonary tuberculosis. Examination of the family contacts proved negative so enquiries were transmitted to the school. In June, 1953, the tuberculin jelly patch test was carried out on the pupils whose ages ranged from 5-13 years. Of the 137 children tested, 131 (95.6%) were found to be negative and 5 (3.6%) were found to be positive. It was not possible to read the result of one test. The children who gave a positive reaction were examined at the No. 1 (Northants) Mass Radiography Unit and all the results were satisfactory.

SCHOOL " D ". A teacher aged 40 years was found to be suffering from active pulmonary tuberculosis with a positive sputum. The children in her class were subjected to the tuberculin jelly patch test in June, 1953. The number of children, whose ages ranged from 5-15 years, tested was 35 of whom 32 (91.4%) were negative and 3 (8.6%) were positive. The children with a positive reaction were examined at the Mass Radiography Unit and all the results were satisfactory.

SCHOOL " E ". As a result of a case of pulmonary tuberculosis being diagnosed at a Grammar School, 58 boys and 66 girls over 14 years of age and 6 staff were examined at the Mass Radiography Unit. All the results were satisfactory.

CEREBRAL PALSY

At the end of the year, the Department had knowledge of 39 children below the age of fifteen who were suffering from cerebral palsy in varying degrees of severity. 20 children were able to attend ordinary classes, five were in special boarding schools, one in a hospital special school, three had a home teacher, four were under school age and four were mentally defective.

In addition, two children were admitted to the John Greenwood Shipman Convalescent Home at Dallington. The Authority is fortunate that this Home is concentrating on the physical and mental education of children suffering from cerebral palsy. The

Home will receive children from the County who otherwise would have to wait possibly years for admission to one of the few schools which specialize in cerebral palsy. At the Shipman Convalescent Home where there is accommodation for about 20 pupils, treatment is under the general supervision of Dr. T. K. Davidson, the Consultant in Physical Medicine at the Northampton General Hospital. There has been close consultation with Dr. Davidson over the selection of suitable cases for admission. At the Home, there is also a full-time teacher and the necessary nursing and physiotherapy staff.

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 93 candidates for admission to teachers' training colleges and 27 persons who were entering the profession for the first time. In addition, four persons taking up appointments with other authorities but residing locally were examined. The Ministry of Education made an X-ray examination of the chest an essential part of the medical examination of all persons entering the profession for the first time.

EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Children in part-time employment, for example, delivering newspapers, errand boys, etc., are examined at the routine inspections as school leavers and consideration is given to the question as to whether the work is prejudicial to health. 88 such cases were reported on and in only one instance was it necessary to advise the Chief Education Officer that continuation of employment would be prejudicial to health.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The support given by the authority to the sponsors of this survey—the object of which was given in my last report—was continued during 1953. In the early part of the year the special examination of each of the 34 Northamptonshire children chosen for the survey was carried out by members of the medical staff, and the health visitors paid visits to schools and homes in January, May and November in order to obtain additional information about absences from school on account of illness.

SCHOOL PREMISES

On their visits to schools, the medical officers have continued the practice of reporting defects of hygiene in school premises. The recommendations of the staff are transmitted to the Chief Education Officer. Details of the reports are contained in Table XIII, on reference to which it will be seen that the medical staff were chiefly concerned about the unsatisfactory condition of the offices, lack of cleanliness of walls in classrooms due to the need for redecoration and broken or uneven playground surfaces.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The Inspectors of this Society have continued to give valuable service to the community during the year.

A total of 159 cases involving 406 children were investigated.

SCHOOL DENTAL SERVICE

Report of Principal School Dental Officer

The outstanding events of the year have been the opening of new clinics in Wellingborough and Northampton, and the purchase of the second Mobile Dental Clinic. Excellent fixed clinics are now established at Kettering, Wellingborough and Northampton. These clinics are fully equipped with the latest dental units, including X-ray apparatus. Furthermore, both Wellingborough and Kettering have a room that can be used as an occasional surgery when more staff is available. Unfortunately, in spite of frequent advertisements, no further dental officers have been recruited. Corby is now the only town in which no improvement has been made. This clinic is as it was in 1938. The hope that dental premises could be available in the Nuffield Diagnostic Centre has not been realized. The need for extensive facilities for dental treatment in Corby is obvious because of the development taking place there, and it is now very necessary that this dental clinic should be brought into line with the clinics at Kettering, Wellingborough and Northampton. Premises are rented at Rushden and equipped with a dental chair, dental engine and spittoon. In view of the possibility of a new clinic being built at Rushden in the near future, these premises are adequate at present. The provision of the second Mobile Dental Clinic should at last obviate the necessity of giving any treatment in schools or village halls.

During 1953 the number of sessions per week given to the different areas has been approximately as follows : Wellingborough and Rushden have shared the services of one dental officer, Wellingborough having eight sessions per week, and Rushden three sessions per week. Kettering is a full-time clinic and has eleven sessions per week. The dental officer in this area is also responsible for the treatment of some 1,250 children who live in the villages adjacent to Kettering and who attend Kettering Clinic for treatment. Corby shares an officer with the rural schools in the north-east of the County. This means that approximately seven sessions per week are employed in Corby, and four sessions in the rural schools. Many parents in the north-eastern area find Kettering a more convenient centre than Corby. The occasional surgery in Kettering will be of

great benefit to them. No fixed clinics are available in the western area of the County. There, one officer is engaged in a mobile clinic. Clinics are held in Northampton on approximately two days per week. The rest of this officer's time being given to rural schools and the administration of anæsthetics. The appointment of Dr. M. G. L. Lucas, however, as a part-time consultant dental anæsthetist from the middle of December, 1953, should allow more sessions to be given to routine dental treatment. During the year anæsthetics were given on 285 sessions. These sessions are included in the treatment sessions total of 2,165 shown in Table XIV.

One hundred and fifty-five schools were visited this year by the dental officers, during which visits 15,217 children were inspected. The total number of children inspected during the year, that is including those referred direct to the clinics, was 17,339. In all 12,131 children were found to require treatment, 8,222 of whom were actually treated.

There has been an increase in the number of fillings during the year, but also regrettably an increase in the number of teeth that have been extracted. In the table showing the treatment per 100 children, however, the increase in the fillings per 100 children compared to last year is 10, and the increase of the number of extractions only one. This is perhaps the only sign of improvement in our efforts to overcome the tragic state of dental neglect so apparent to the dental officer. It must be borne in mind that only about half the children in the County have been seen during the year by a dental officer, and until it is possible to recruit more dental officers, there is no possibility of carrying out an annual inspection and treatment of each school child in the County.

Publicity has been given to the fact that children are eligible for treatment under the General Dental Service. This is undoubtedly so, and although some parents do make most excellent arrangements for their children, many more do little else than seek relief from toothache. This is not children's dentistry.

The demand for orthodontic treatment continues, but during 1953 new patients were not accepted until the completion or cessation of treatment of another orthodontic patient attending a clinic. This arbitrary method of controlling the number of patients accepted for orthodontic treatment is far from ideal, but is necessary, if the

dental officers are not to be persuaded by anxious parents into spending more time than is justifiable, with the present staff, on orthodontics. Eighty new patients were accepted for treatment and these, together with the patients still under treatment from last year, made 1,126 attendances. One hundred and fifty-six orthodontic appliances together with 41 partial dentures, were fitted. Two hundred and twenty-seven X-rays were taken.

At the request of the Ear, Nose and Throat Specialists in the County a scheme was started to treat patients they referred either for orthodontic treatment or for the fitting of appliances to correct faulty breathing habits. Most of the patients were referred after tonsillectomy and adenoidectomy. The final judgment of the suitability of these patients for this treatment is left to the discretion of the dental officer. This is a scheme that, given adequate staff, should prove of everlasting benefit to the patient and satisfaction to the specialists and dental officers. Unfortunately, the amount of time allowed to these patients has also to be limited.

The Mobile Dental Clinic (No. 1) has been in constant use throughout the year. The second clinic was delivered early in December and is now in use. The following towns and villages have been visited by a Mobile Dental Clinic :

Thrapston, Daventry, Woodford Halse, Syresham, Silverstone, Byfield, Chipping Warden, Blakesley, Towcester, Flore, Bugbrooke, Kislingbury, Lower Heyford, Harpole, Kings Sutton, Aynhoe, Middleton Cheney, Clipston, Welford, Brixworth, Spratton, and Desborough.

Treatment per 100 Children

	1943	1948	1951	1952	1953
Fillings in permanent teeth	109	62	45	58	70
Fillings in temporary teeth	55	50	14	8	6
Extraction of permanent teeth	13	8	17	23	27
Extraction of temporary teeth	93	65	122	130	127
General anæsthetics administered	9	16	52	58	60

IAN FAULDS.

SPEECH THERAPY

Speech Clinics have been held regularly :

- 2 Sessions at Northampton—County Offices, Guildhall Road.
- 2 Sessions at Kettering—Stockburn Clinic, London Road.
- 1 Session at Kettering—Avondale Infants School.
- 1 Session at Wellingborough—Oxford Street Clinic.
- 1 Session at Wellingborough—Croyland Road Infants School.
- 1 Session at Wellingborough—Victoria Infants School.
- 2 Sessions at Corby—Rockingham Road Infants School.
- 1 Session at Rushden—Dental Clinic, Griffith Street.

The attendance at the Clinics has been on the whole, good, and it is gratifying to be able to report 77 patients discharged as cured or relieved.

The children attend the Speech Clinic once a week for treatment, for a time varying from 20 minutes to 40 minutes. Most of the children receive individual treatment, but it is sometimes found to be beneficial for two children to attend the clinic together for a time.

Treatment varies in form and duration for every patient, and one example of a case is given at the end of this report.

It is found that in a number of cases, a stage is reached when the patient may be deferred for a period of three or six months to assimilate the treatment he has received. This reduces the likelihood of the child becoming “ speech-conscious ” through continual emphasis on speech, and the child is able to progress at his own pace.

It has been interesting to note these figures :

No. of cases deferred for a period.....	46
---	----

On call-up the results were as follows :

1. Discharged cured	30
2. Improved but treatment continued	4
3. No progress made	7

Five pupils failed to attend call-up.

Two children with severe speech defects have been placed on the

waiting list for admission to Moor House School for Speech Defective Children at Oxted, Surrey. At this School a thorough investigation will be possible into the aetiology of their speech defects and they will have the opportunity of receiving suitable treatment daily.

Another patient aged 12 years, attending the Speech Clinic, was referred for further investigation and was finally operated on for sub-mucous cleft palate at the Churchill Hospital, Oxford. He has attended the Speech Clinic regularly since the operation.

Unfortunately few home and school visits have been possible because of the full programme of clinics, but the parents have been, on the whole, most co-operative. This is endorsed by the fact that only 7 out of the 242 children on the register have not attended the clinic for their initial interview. Also, the parents who refused treatment were obliged to do so because of transport difficulties.

Notes on a case of a Delayed Speech Development

T.S. Boy. Date of Birth, 3/8/48.

T.S. came to the Clinic at the age of four and a half with completely unintelligible but fluent speech. He was unable to make any sounds except p, b, t, d, r, m and n. For all the other sounds he substituted d.

From the case history it was noted that he had frequent colds and hay fever but his development was quite normal. He has a sister of eight years and both she and his parents have normal speech.

His hearing on rough tests was normal. His tongue, lips and palate were normal.

The Educational Psychologist assessed his I.Q. as 118. He attended a Nursery School from the age of 3 years so he should have received plenty of stimulation for speech.

T.S. is a friendly child, not unduly nervous or dependent on his mother despite the fact that he is frequently frustrated by being unable to express himself or make himself understood through speech.

Treatment was given weekly and he attended regularly and co-operated well. His mother carried out all the instructions she was given for treatment at home.

First of all he learnt to make sounds such as k, f, and s in isolation, and then tried using them in words in different positions. This he found very difficult. Progress was imperceptible, and it was nine months before any improvement was noticeable but since then rapid progress has been made, and his speech, though by no means perfect, is intelligible.

It seems likely that in this case speech therapy acted as a stimulant to the delayed speech, and encouraged it to develop.

CHILD GUIDANCE SERVICE

**The Deputy Principal School Medical Officer has contributed
the following report**

The aim of child guidance is to prevent rather than to treat abnormality. Children are referred for advice when their behaviour shows that their emotional or educational development is being upset. These are not dull children ; generally they are of average intelligence, but because they are disturbed in their minds they may be unable to make normal progress in school or they may be difficult to manage at home. The sooner they can be seen and the cause of their trouble ascertained, the better are their chances of improvement. Often the root of the trouble is in the home, sometimes it is in the school, sometimes it is in the child's own make-up—all these factors are fully investigated by the members of the child guidance team whose advice to parents and teachers may go a long way towards helping the child to return to normal behaviour.

Child guidance begins at home and is continued at school, and a child's behaviour is often the yardstick of his adjustment to his parental and educational upbringing. In the last century, when large families were the rule, children lived a more communal existence at home ; but to-day, when there are frequently only one or two children in the family, the sudden change to the competitive life at school makes great demands on the child's personality. The strain involved in this abrupt change may manifest itself in the child's behaviour and frequently wise guidance by both parents and teachers is needed. Fortunately, these and other difficulties can often be discussed at meetings of parent-teacher associations which are active in some of the County schools.

Children are referred for advice by school teachers, school medical officers, medical practitioners, health visitors and sometimes by the speech therapist who works in close association with members of the team. Sometimes play therapy is undertaken by the psychologist ; this is a method of treatment for younger children who are unable to discuss their problems verbally. Instead they are provided with a choice of creative materials and toys through which they can work out their difficulties, and in an atmosphere which is as free as

possible from restraint they are often able to express and gradually to rid themselves of their anti-social feelings or to overcome their shyness.

Where signs of disturbance of the child's personality are evident, he may be referred to the Child Psychiatrist who has the benefit of the reports of the other members of the team when he interviews the parents. Sometimes the disturbance in the child's adjustment to his surroundings may be so marked that it is advisable for him to leave home for a period and stay at the Hostel for maladjusted children. There are two such Hostels which serve both the County and the Borough areas, one which accommodates 12 girls and the other 20 boys. The children attend the neighbouring schools and much is done in out-of-school activities to help them to develop socially. Both Hostels are visited regularly by the staff of the Child Guidance Clinic and the children are given the treatment they need, while at the same time their homes are visited and advice given to their parents. Considerable attention is paid to the close relationship between a healthy mind and body; not infrequently a physical defect is responsible for difficult behaviour and personality change, and the treatment of one may help to right the other.

After a period at the Hostel, the child is allowed home for a week-end to see how he settles down; if this is successful he goes home for a longer period and finally he is discharged from the Hostel, but attends with his parents at the Clinic until observation is no longer required.

Since there are so many complex factors governing the psychological development of a child, it is never easy to assess the degree of improvement which results from attendance at the Clinic. The majority of children definitely benefit from their stay at the Hostel, but so much depends on the parents and the home that this benefit may not be lasting. In an attempt to assess the value of treatment over a long-term period, this department is working in liaison with the Probation Officer and the records of children attending the Clinic are being kept for reference in case they should be of help in dealing with future Court cases. In this way more positive evidence of the value of child guidance may be available.

Report on the year 1953

During 1953 a total of 274 County children—185 boys and 89 girls—was seen by the staff of the Child Guidance Clinic. 185 of these 274 children—119 boys and 66 girls—were referred for educational problems only and were examined by the psychologist. Seventeen children were seen by the psychiatrist alone and 72 by both the psychiatrist and the psychologist. At the beginning of 1954 two children were awaiting appointments with the psychiatrist, 22 with the psychologist, and 25 with both the psychiatrist and the psychologist.

The consultant psychiatrist, Dr. R. Thompson, has been available for child guidance work for four sessions a week. Clinics have been held on one day a week in Northampton, half a day a week alternately in Wellingborough and Kettering, and half a day in Kettering weekly. The extra session in Kettering was necessitated by the increase in the number of cases there. Children are referred occasionally from outlying parts of the County which are too far from these centres to make regular attendance at a Clinic possible, and it is hoped that at some time the service will be expanded so that all parts of the County will be able to benefit from the advice and treatment that the child guidance personnel can offer.

There has been a large increase in the number of children who have received psychiatric treatment, which is partly the result of having a permanent staff and partly because Dr. Thompson has concentrated on reducing the waiting list. While this is satisfying, it must however, unfortunately, be observed that these results have had to be achieved at the expense of shorter periods of treatment than have been the rule up to the present.

SCHOOL MILK SUPPLIES

All the 296 schools are supplied with milk. A number of changes in suppliers were effected during the year, resulting in an increase in the number of schools supplied with pasteurized milk.

At the end of the year only one school was supplied with unbottled milk, being situated in a village where no bottled supply is available. This milk is, however, from a T.T. herd and is supplied in a special container provided by the Education Department.

Milk is delivered at two schools in pint bottles, but at all other schools, 293 out of 296, milk is supplied in one-third pint bottles, with drinking straws.

Details of school milk supplies as at 31st December, 1953, are set out in the following table, with the corresponding figures for the previous year in brackets.

	<i>No. of Suppliers</i>		<i>No. of schools Supplied</i>	
Pasteurized milk	56 (a)	(50)	268	(252)
Tuberculin tested milk	15 (b)	(19)	25	(33)
Accredited milk	—	(1)	—	(1)
Non-designated (raw) milk	3(c)	(3)	3	(3)
	<hr/>		<hr/>	
	74	(73)	296	(289)
	<hr/>		<hr/>	

It is very gratifying to be able to report that only 3 schools are now supplied with milk which is neither pasteurized nor tuberculin-tested.

Notes :

- (a) Of this number, 15 are holders of Pasteurizers' (Dealers') licences and deliver milk direct to 153 schools after bottling at licensed premises, 7 of which are situated in the County ; 27 suppliers are local distributors who deliver milk—obtained from and bottled at one of the licensed premises—to 91 schools. The remaining 14 suppliers are local dairymen, who bottle milk received in bulk from one or other of the licensed plants, and deliver to 24 schools.

- (b) Of the 13 suppliers of Tuberculin Tested milk 11 are producer retailers supplying 24 schools, while the remaining 2 are local dairymen who supply milk from one or more producers to 9 schools.
- (c) The suppliers of non-designated milk are all producer retailers.

A system of selective sampling by the County Sanitary Officer, of milk supplied to schools was continued, representative samples being taken from suppliers rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality ; and in addition, samples of pasteurized milk were submitted to the Phosphatase test, while raw milk samples underwent biological examination for the presence of the tubercle bacillus.

Seventy-four milk supplies to schools were sampled in the course of the year and the results are set out below.

	<i>Passed</i>	<i>Failed</i>	<i>Test invalid or not tested</i>	<i>Total</i>
(a) Pasteurized				
Methylene Blue Test	44	8	—	52
Phosphatase Test	45	7	1	52
(b) Tuberculin Tested				
Methylene Blue Test	13	4	—	17
Biological examination for tubercle.....	14	—	3	17
(c) Accredited				
Methylene Blue Test	1	—	—	1
Biological examination for tubercle.....	1	—	—	1
(d) Non-designated				
Methylene Blue Test	3	1	—	4
Biological examination for tubercle.....	4	—	—	4

Appropriate action was taken in the case of adverse reports. 30 of the above samples were also examined for butter fat and non-fatty solids in the Health Department Laboratory, the results being notified to the Chief Inspector, Weights and Measures, for further action where necessary, and also to avoid duplication of sampling by the officers of the two departments.

All samples contained the minimum statutory fat content or above, but 2 were below the standard for solids-not-fat.

I am grateful to the Chief Education Officer for supplying the following figures relating to the school milk and meals service.

The percentage of children at present supplied with milk, as disclosed by the returns required by the Ministry of Education was :

	<i>October, 1952</i>	<i>October, 1953</i>
Primary	80.82%	82.61%
Secondary		
Nursery		
	100%	100%

School Meals Service

	<i>October, 1952</i>	<i>October, 1953</i>
Number of Canteens and Dining Centres	169	172
Number of Primary children taking mid-day meal daily	12,520	11,487
Number of Secondary children taking mid-day meal daily		
Percentage of Primary children present in school taking meal	35.71%	31.38%
Percentage of Secondary children present in school taking meal		

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :

Entrants	3479
Second Age Group	2571
Third Age Group	1437

Total	7487
-------------	------

Number of other Periodic Inspections.....	626
---	-----

Grand Total	8113
-------------------	------

B.—OTHER INSPECTIONS

Number of Special Inspections	4148
Number of Re-inspections	271

Total	4419
-------------	------

TABLE II

Return of Defects found by Medical Inspection in the year ended
31st December, 1953

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	22	74	8	41
5	Eyes—(a) Vision... ..	407	410	198	324
	(b) Squint	39	69	15	70
	(c) Other	5	29	5	24
6	Ears—(a) Hearing	8	39	4	31
	(b) Otitis Media	11	152	9	41
	(c) Other	12	24	3	19
7	Nose or Throat	126	935	101	567
8	Speech	27	33	29	50
9	Cervical Glands	5	407	1	241
10	Heart and Circulation	5	72	3	50
11	Lungs	18	148	2	99
12	Developmental—				
	(a) Hernia	5	13	—	3
	(b) Other	7	153	2	40
13	Orthopædic—				
	(a) Posture	84	136	11	55
	(b) Flat Foot	90	163	22	84
	(c) Other	71	262	20	122
14	Nervous system—				
	(a) Epilepsy... ..	3	8	4	11
	(b) Other	3	54	8	51
15	Psychological—				
	(a) Development	5	41	21	64
	(b) Stability... ..	5	36	8	36
16	Other	13	62	7	41

TABLE III
Pupils found to require treatment

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total individual pupils (4)
Entrants	88	257	331
Second Age Group	151	114	262
Third Age Group.....	109	72	174
<hr/>			
Total (prescribed groups) ...	348	443	767
Other Periodic Inspections...	59	23	77
<hr/>			
Grand Total	407	466	844
<hr/>			

TABLE IV HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR
BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	Total 1-9				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1953										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes	—	2	2	—	13	10	92	8	2	129
B. Handicapped Pupils <i>newly ascertained</i> as requiring edu- cation at Special Schools or boarding in Homes ...	—	2	1	1	18	11	107	6	1	147
On or about Dec. 1st, 1953:										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as :										
(a) Day Pupils... ..	—	—	—	—	29	30	77	—	—	136
(b) Boarding Pupils ...	8	4	10	4	14	7	63	1	6	117
(ii) boarded in Homes ...	—	—	—	—	2	—	—	12	—	14
(iii) attending independent schools under arrange- ments made by the Authority	—	—	—	—	—	1	3	—	—	4
Total (C)	8	4	10	4	45	38	143	13	6	271

Handicapped Pupils requiring education at special schools or boarding in boarding homes (continued)—

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1-9
D. Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
(i) in hospitals ...	—	—	—	—	—	—
(ii) elsewhere (home tuition)	—	—	— 6	—	—	6
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ...	1 3	4 —	7 2	163 —	—	180

TABLE V
Eye diseases, defective vision and squint

					Number of cases dealt with.	
					By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	64	72
Errors of refraction (including squint)	...				—	2304
Total	...	...	...	...	64	2376
Number of pupils for whom spectacles were						
(a) Prescribed	...	...	...	...	—	866
(b) Obtained	...	...	...	...	—	Not known.

TABLE VI
Diseases and defects of ear, nose and throat

					Number of cases dealt with.	
					By the Authority.	Otherwise.
Received operative treatment						
(a) for diseases of the ear	...	...	...	...	—	—
(b) for adenoids and chronic tonsillitis	...	...	...	...	—	606
(c) for other nose and throat conditions	...	...	...	...	—	—
Received other forms of treatment	...				10	2
Total	...	...	...	...	10	608

TABLE VII
Orthopædic and postural defects

(a) Number treated as in-patients in hospitals	...	...	...	...	136	
					By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments					Nil.	1185

TABLE VIII
Minor Ailment Clinics

Attendances	Ringworm		Scabies	Impetigo	Other skin diseases	Eye Defects	Ear Defects	Miscellaneous
	Scalp	Body						
1960 (2138)	1 (—)	— (—)	— (—)	50 (37)	70 (79)	64 (95)	10 (26)	154 (231)

The figures in brackets refer to 1952

TABLE IX
Classification of the General Condition of Pupils inspected during the year in the Age Groups

Age Groups.	Number of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3479	1501	43.14	1901	54.65	77	2.21
Second Age Group...	2571	1027	39.95	1483	57.68	61	2.37
Third Age Group ...	1437	722	50.25	696	48.43	19	1.32
Other Periodic Inspections ...	626	366	58.47	252	40.26	8	1.27
Total ...	8113	3616	44.57	4332	54.0	165	2.03

53.4

TABLE X
Infestation with Vermin

(1)	Total number of examinations of pupils	120,973
(2)	Number of individual pupils found unclean	137
(3)	Number of individual pupils in respect of whom cleansing notices were issued.....	None
(4)	Number of individual pupils in respect of whom cleansing orders were issued	None

TABLE XI
Outbreaks of Infectious Diseases in Schools

NOTIFICATIONS OF HEAD TEACHERS AND OTHERS

<i>Measles</i>	<i>German Measles</i>	<i>Whooping Cough</i>	<i>Chicken Pox</i>
50	20	12	19
<i>Influenza</i>	<i>Gastro-enteritis</i>	<i>Mumps</i>	<i>Infective Hepatitis</i>
10	1	3	2
<i>Scarlet Fever</i>			
34			

TABLE XII
Diseases of the skin
(excluding uncleanliness, for which see Table X)

					Number of cases treated or under treatment during the year.	
					By the Authority.	Otherwise.
Ringworm	(i) Scalp	...	...	...	1	16
	(ii) Body	...	...	...	—	9
Scabies	...	...	...	...	—	2
Impetigo	...	...	...	...	50	Not known.
Other skin diseases	...	...	...	...	70	1
Total					121	28

TABLE XIII School Hygiene
 Improvements to school premises : recommendations of School Medical Officers

Cleanliness of walls, redecoration suggested	Attention to playground surface	Insufficient cloakroom accommodation	Inadequate washing facilities	Attention to heating apparatus	Unsatisfactory lighting	Unsatisfactory ventilation	Provision of hot water needed	Structural repairs needed
7	6	2	5	3	8	1	2	5

In-adequate desks	Guards over radiators needed	Wire mesh needed over windows in canteen	Lavatory Accommodation					
			Bucket Type	W.C.s			Urinals	
			Unsatisfactory	Unsatisfactory	Repairs needed	Insufficient number	Repairs needed	Insufficient number
			4	5	1	3	1	2

TABLE XIV

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(a) Periodic	15217
	(b) Specials	2122
		—
	Total (1)	17339
		—
(2)	Number found to require treatment	12930
(3)	Number referred for treatment	12131
(4)	Number actually treated	8222
(5)	Attendances made by pupils for treatment	15579
(6)	Half days devoted to : Inspection	155
	Treatment	†2165
		—
	Total (6)	2320
		—
(7)	Fillings : Permanent Teeth	5800
	Temporary Teeth	507
		—
	Total (7)	6307
		—
(8)	Number of teeth filled : Permanent Teeth	5188
	Temporary Teeth	487
		—
	Total (8)	5675
		—
(9)	Extractions : Permanent Teeth	2301
	Temporary Teeth	10503
		—
	Total (9)	12804
		—
(10)	Administration of general anaesthetics for ex- traction	4976
(11)	Other operations : Permanent Teeth	2008
	Temporary Teeth.....	2416
		—
	Total (11)	4424
		—

† No allowance has been made for maternity and child welfare patients who have been treated during these sessions.

TABLE XV
Speech Therapy

Number of sessions held.....	425
Number of attendances	2301
Number of patients referred for Speech Therapy	133
Number of patients discharged.....	77
Number of patients who do not require treatment	9
Number of patients who failed to attend interview	7
Number of patients who refused treatment	2
Number of patients on the register	242
<i>Patients classified according to defect :</i>	
1. Stammer.....	57
2. Simple dyslalia	
(a) Lateral sigmatism	9
(b) Interdental sigmatism	8
(c) Other types of sigmatism	2
3. Multiple dyslalia	
(a) Defective articulation due to cleft palate ...	9
(b) Defective articulation due to cerebral palsy	5
(c) Defective articulation due to varied causes	132
4. Voice Disorders	
(a) Dysphonia	1
(b) Aphonia (post-laryngectomy)	1

TABLE XVI
Child Guidance Clinic

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Total cases referred to the Clinic	198	99	297
Number of cases seen by Psychologist only ...	119	66	185
Cases waiting to be seen by Psychologist	15	7	22
Cases seen by Psychologist and Psychiatrist ...	56	16	72
Cases seen by Psychiatrist only	10	7	17
Cases waiting to be seen by Psychiatrist	2	—	2
Cases waiting to be seen by Psychiatrist and Psychologist	16	9	25
Cases under Psychotherapeutical treatment on December 31st	43	11	54
Cases awaiting Psychotherapeutical treatment on December 31st	—	—	—
New Psychotherapeutical cases during the period	54	18	72
Psychotherapeutical cases discharged during period	29	13	42
Not seen	3	3	6
<i>Referred by :</i>			
Parents	8	—	8
Head Teachers	83	48	131
School Medical Officers	56	34	90
Chief Education Officers	2	—	2
Family Doctors	8	2	10
Hospital Consultants	9	3	12
Health Visitors	3	2	5
Children's Officer	11	5	16
Magistrates and Probation Officers	11	1	12
Others	7	4	11
<i>Referred for :</i>			
Backwardness at School (including suspected Educational Sub-normality)	94	60	154
Other Educational Problems	8	4	12
Secondary School selection	—	—	—
Consideration for “ Experimental ” class ...	25	10	35

Behaviour Difficulties—Aggressive	9	2	11
Behaviour Difficulties—Withdrawn.....	—	—	—
Habit Spasms	3	1	4
Neurotic symptoms.....	8	2	10
Anti-Social Behaviour	22	8	30
Delinquency	3	1	4
Bed-wetting or Soiling	16	6	22
Truancing	5	—	5
Miscellaneous	3	3	6
Hysterical symptoms	2	2	4

